

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF U.S.A.	COURT CASE NUMBER 3:05-cv-267-JKS
DEFENDANT \$93,000.00 in U.S. Currency, et al.	TYPE OF PROCESS Personal Service
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JOHN ROBERT SHOOK	
<div style="display: flex; justify-content: space-between;"> <div> SERVE AT SEND NOTICE OF </div> <div> KAT United States Attorney's Office 222 W. 7th Avenue, #9, Room 253 Anchorage, AK 99513-7567 </div> </div>	
APR 24 2006 U.S. DISTRICT COURT ANCHORAGE 285	
Number of parties to be served in this case Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Please serve the attached Notice of forfeiture on the above-referenced individual via U.S. Certified Mail, Return Receipt Requested.

CATS ID#s:

05-DEA-449714

05-DEA-449758

05-DEA-449770

05-DEA-449781

Signature of Attorney or other Originator requesting service on behalf of:

Katie Voke

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(907) 271-2304

DATE

11/17/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 6	District to Serve No. 6	Signature of Authorized USMS Deputy or Clerk 	Date 2/1/06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
		pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

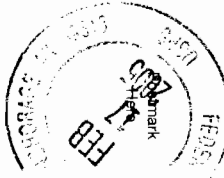
Mailed on 2/16/06 - Certified mail #7001 2510 0000 4255 6699.

Returned ~~xxx~~ Not Deliverable. See attachment.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0000 4255 6699

Postage	\$	2.40
Certified Fee		1.85
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.25



Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP

John Robert Shook

U.S. Department of Justice

United States Marshals Service
District of Alaska

U.S. Courthouse & Federal Building
222 West 7th Avenue, #28
Anchorage, AK 99513-7568
Official Business
 Penalty for Private Use \$300



7001 2510 0000 4255 6699

John Robert Shook

995 1 01 02/19/06
 RETURN TO SENDER
 UNABLE TO FORWARD

756828 *0172-01104-17-36

995137568

JUS-021